

Type a plus sign (+) inside the box

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Approved by: through  
Patent and Trademark OfficePTO/SB/xx (6-95)  
OMB 0651-0032  
DEPARTMENT OF COMMERCE0010/PTO  
Rev. 6/95U.S. Department of Commerce  
Patent and Trademark Office

## DECLARATION

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing

Attorney Docket Number

RLIS

First Named Inventor

Ross

## COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Medical Records, Documentation, Tracking and Order Entry System

the specification of which

(Title of the invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)

Filing Date (MM/DD/YYYY)



Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

# DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 385(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
James C. Wray	22,693		
Paul J. Riley	38,596		
Meera P. Narasimhan	P 40,252		

Firm Name James C. Wray Payor Number (if applicable)

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

☒ Please direct all correspondence to: Name James C. Wray

Address 1493 Chain Bridge Road

Address Suite 300

City McLean State VA ZIP 22101

Country U.S.A. Telephone (703) 442-4800 Fax (703) 448-7397

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name	<u>James</u>	Middle Initial	<u>E.</u>	Family Name	<u>Ross</u>	Suffix	<u>Jr.</u>
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Inventor's Signature [Signature] Date 7/5/96

RESIDENCE: City San Antonio State TX Country U.S.A. Citizenship U.S.A.

POST OFFICE ADDRESS 16 Ancient Bend

City	<u>San Antonio</u>	State	<u>TX</u>	Zip	<u>78248</u>	Country	<u>U.S.A.</u>	Applicant Authority	
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☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside ☒ x → ☐ +

# DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	William	Middle Initial	J.	Family Name	Lynch	Suffix	
Inventor's Signature						Date	7/5/96
RESIDENCE: City	San Antonio	State	TX	Country	U.S.A.	Citizenship	U.S.A.

POST OFFICE ADDRESS 7667 Callaghan Road

City	San Antonio	State	TX	Zip	78229	Country	U.S.A.	Applicant Authority	
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Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
RESIDENCE: City		State		Country		Citizenship	

POST OFFICE ADDRESS

City		State		Zip		Country		Applicant Authority	
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Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
RESIDENCE: City		State		Country		Citizenship	

POST OFFICE ADDRESS

City		State		Zip		Country		Applicant Authority	
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Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
RESIDENCE: City		State		Country		Citizenship	

POST OFFICE ADDRESS

City		State		Zip		Country		Applicant Authority	
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☐ Additional inventors are being named on supplemental sheet(s) attached hereto

**VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS**  
**(37 CFR 1.9(f) & 1.2) SMALL BUSINESS CONCERN**

Docket Number (Optional)  
RLIS

Applicant or Patentee: James E. Ross, Jr. and William J. Lynch

Serial or Patent No.: \_\_\_\_\_

Filed or Issued: \_\_\_\_\_

Title: Medical Records, Documentation, Tracking and Order Entry System

I hereby declare that I am

- ☐ the owner of the small business concern identified below:  
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN RLIS, Inc.

ADDRESS OF SMALL BUSINESS CONCERN 4319 Medical Drive, #131-341  
San Antonio, TX 78229

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

- ☒ the specification filed herewith with title as listed above.  
☐ the application identified above.  
☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

- ☒ no such person, concern, or organization exists.  
☐ each such person, concern or organization is listed below.

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING James E. Ross, Jr.

TITLE OF PERSON IF OTHER THAN OWNER President

ADDRESS OF PERSON SIGNING 4319 Medical Drive, #131-341, San Antonio, TX 78229

SIGNATURE [Signature]

DATE 4/5/96

\*\*> PTO/SB/13 (11-98)

Approved for use through 6/30/99. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR FILING A PATENT APPLICATION UNDER 37 CFR 1.60**

DOCKET NUMBER	ANTICIPATED CLASSIFICATION OF THIS APPLICATION		PRIOR APPLICATION EXAMINER	ART UNIT
RLIS	CLASS 600	SUBCLASS 300.000	G. Evanisko	3737

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

This is a request for filing a ☐ continuation ☒ divisional application under 37 CFR 1.60, of pending prior Application Number 08 / 676,458, filed on July 8, 1996 entitled Medical Records, Documentation, Tracking and Order Entry System

1. Enclosed is a copy of the latest inventor-signed prior application, including a copy of the oath or declaration showing the original signature or an indication it was signed. I hereby verify that the papers are a true copy of the latest signed prior application number 08 / 676,458 and further that all statements made herein of my own knowledge are true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.10(c))	30	- 20 =	10	x \$ 22 =	\$ 220.00
INDEPENDENT CLAIMS (37 CFR 1.103)	4	- 3 =	1	x \$ 82 =	82.00
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.10(d))				+ \$ _____ =	
BASIC FEE (37 CFR 1.10(a))				+ _____ =	790.00
Total of above Calculations =					1,092.00
Reduction by 60% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).					546.00
TOTAL =					\$546.00

2. ☒ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27  
☐ is enclosed.  
☒ was filed in prior application number 08 / 676,458 and such status is still proper and desired (37 CFR 1.28(a)).
3. ☐ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. \_\_\_\_\_. A duplicate copy of this sheet is enclosed.
4. ☒ A check in the amount of \$ 546.00 is enclosed.
5. ☒ Cancel in this application original claims 1-6 of the prior application before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)
6. ☒ The inventor(s) of the invention being claimed in this application is (are): James E. Ross, Jr. and William J. Lynch
7. ☐ This application is being filed by less than all the inventors named in the prior application. In accordance with 37 CFR 1.60(b), the Commissioner is requested to delete the name(s) of the following person or persons who are not inventors of the invention being claimed in this application:
8. ☒ Amend the specification by inserting before the first line the sentence: "This application is a ☐ continuation ☒ division of application number 08 / 676,458, filed July 8, 1996, (status, abandoned, pending, etc.)."

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**(REQUEST FOR FILING A PATENT APPLICATION UNDER 37 CFR 1.60, PAGE 2)**

9. ☒ New formal drawings are enclosed.
10. ☐ Priority of foreign application number \_\_\_\_\_, filed on \_\_\_\_\_ in \_\_\_\_\_  
is claimed under 35 U.S.C. 119(a) - (d).  
☐ The certified copy has been filed in prior application number \_\_\_\_ / \_\_\_\_\_, filed \_\_\_\_\_.
11. ☒ A preliminary amendment is enclosed.
12. ☒ The prior application is assigned of record to RLIS, Inc.
13. ☐ Also enclosed:

4. ☒ The power of attorney in the prior application is to: James C. Wray; Meera P. Narasimhan

- a. ☒ The power of attorney appears in the original papers in the prior application.
- b. ☐ Since the power does not appear in the original papers, a copy of the power in the prior application is enclosed.
- c. ☒ Address all future correspondence to: (May only be completed by applicant, or attorney or agent of record.)

☐ Customer Number



Place Customer Number Bar  
Code Label here

OR

Type Customer Number here

Firm or

☒ Individual Name James C. Wray

Address 1493 Chain Bridge Road, Suite 300

Address

City McLean State VA ZIP 22101

Country US

Telephone (703) 442-4800 Fax (703) 448-7397

June 19, 1998

Date

*Meera P. Narasimhan*

Signature

Meera P. Narasimhan

Typed or printed name

- ☐ Inventor(s)
- ☐ Assignee of complete interest. Certification under 37 CFR 3.73(b) is enclosed.
- ☒ Attorney or agent of record
- ☐ Filed under 37 CFR 1.34(a)  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

00100100-061998